## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2007 08:00 AM Secretary of State

727-867-7363 Daylime Phone #

1-24-07

t. Entity Nam KATHIE 2	ZINK, P.A.	6		\$0000000000000000000000000000000000000	Secretary of State
7310 SUNSHINE SKYWAY LANE SOUTH #115 ST PETERSBURG, FL 33711 7310 SUNSHINE SKYWAY LANE SOUTH #115 ST PETERSBURG, FL 33711					
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				01052007 4. FEI Numb 06-165	
ZINK, KATHIE 7310 SUNSHINE SKYWAY LANE SOUTH #115 ST PETERSBURG, FL 33711			DO NOT WRITE IN THIS SPACE		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				.00 May Be led to Fees	
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PST ZINK, KATHIE 7310 SUNSHINE SKYWAY LANE SO ST PETERSBURG, FL 33711				U00000609105 02/01/07-80037-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/01/01_00031_004 120*100
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR